

## NEPEAN BLUE MOUNTAINS FAMILY OBESITY SERVICE

### KIDS FIT 4 FUTURE CLINIC REFERRAL

If you believe that your patient needs an urgent review, then please contact the service by telephone directly.

Dear Dr Gary Leong

Thank you for seeing my patient, \_\_\_\_\_, date of birth \_\_\_/\_\_\_/\_\_\_,  
contact phone number(s) \_\_\_\_\_

Their current measurements include:

Date of measurement: \_\_\_\_\_ Weight: \_\_\_\_\_ kg Height: \_\_\_\_\_ cm

Calculated BMI: \_\_\_\_\_ kg/m<sup>2</sup> Waist Circumference: \_\_\_\_\_ cm BP \_\_\_\_\_

My patient is of Aboriginal, Torres Strait Islander or Polynesian background (please circle): YES / NO

My patient requires an interpreter: YES (specify language: \_\_\_\_\_) / NO

Parent's details

Mother's name: \_\_\_\_\_ AGE \_\_\_\_\_ Height \_\_\_\_\_ cm Weight \_\_\_\_\_

Father's name \_\_\_\_\_ AGE \_\_\_\_\_ Height \_\_\_\_\_ cm Weight \_\_\_\_\_

Family History of Type 2 Diabetes Mellitus (T2DM) (please circle) if YES, who \_\_\_\_\_ or NO

Early Heart Disease (Myocardial Infarct/CVA) < 15 years (please circle): YES/NO: who \_\_\_\_\_

Mental Illness YES/NO if YES \_\_\_\_\_

Severe obesity requiring treatment YES or NO \_\_\_\_\_

If patient have the following conditions/signs (tick if apply and provide details in the space provided\*):

Acanthosis Nigracans  Obstructive Sleep Apnoea  Behavioural disorders:

Specify who and Circle (ASD ADHD, Other mental illness) \_\_\_\_\_

Non-alcoholic fatty liver disease (abnormal LFTs)  Hypothyroidism

PCOS with established oligomenorrhoea, hirsutism, hyperandrogenism  Orthopaedic problems

*Other relevant clinical details/comments including, other medical illnesses, food allergies, past or current medications, and birth pregnancy details gestation, birth details, etc\*:*

**Please attach any other relevant investigation documents to this referral**

Name of Doctor: \_\_\_\_\_ Signature: \_\_\_\_\_

Practice Address \_\_\_\_\_

Practice Contact Details: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Nepean Blue Mountains Family Obesity Service, Level 5 South Block, Nepean Hospital

PO Box 63 Penrith, NSW 2751

Ph (02) 4734 4533 Fax (02) 4734 1920

NBMLHD-NepeanFamilyObesityService@health.nsw.gov.au

For appointments please fax or email this referral to the above contacts

## Referral Criteria to Family Obesity Services

### ADULT HEALTHY WEIGHT CLINIC

Non-pregnant adults who are not eligible for the pre-conception clinic, who are able to attend the service with:

- a BMI  $\geq 40$  kg/m<sup>2</sup>

OR

- BMI 35 kg/m<sup>2</sup> with a major obesity-related co-morbidity or another family member enrolled in the service or of Aboriginal/Torres Strait Islander background. Major obesity-related co-morbidities include but are not exclusive to: diabetes, NASH/NAFLD with fibrosis, severe shortness of breath (e.g. due to COPD, restrictive lung disease, CCF) exacerbated by obesity, infertility due to obesity, severe pain due to obesity, severe depression, established Binge Eating Disorder.

### PRECONCEPTION CLINIC

- Woman with a BMI  $> 35$ kg/m<sup>2</sup> and who would like to plan for pregnancy within the next 12 months  
Referrals are prioritised for women who have a history of menstrual dysfunction, infertility, pre-diabetes/diabetes or hypertension or adverse obstetric outcomes related to their weight
- Referrals for women with a BMI  $> 30$ kg/m<sup>2</sup> and a history of infertility will be considered on a case by case basis.

### KIDS FIT 4 FUTURE CLINIC

Family able to attend service with a child who has a:

$>120\%$  of CDC BMI 95th centile if no obesity-related complications

or

$>$ CDC BMI 85th centile if obesity-related complication (pre-diabetes with string family history of T2DM, T2DM, fatty liver disease, obstructive sleep apnoea, major psychiatric or psychological disturbance secondary to obesity, benign intracranial hypertension, major orthopaedic complications eg SUFE).